Reviewer's report

Title: Public Views of Acceptability of Perinatal Mental Health Screening and Treatment Preference: A Population Based Survey.

Version: 1 Date: 7 October 2013

Reviewer: Zoe A Sheppard

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Major Compulsory Revisions
N/A

Minor Essential Revisions
Thank you for inviting me to review this interesting manuscript. It is generally very well-written by an international team of co-authors and has clear objectives of relevance to its field. However, the methods and results in particular could do with some more clarity and rationale in places by describing how the outcome variables were created, what types of analyses were used, with a tighter interpretation. Specific points which may be of assistance are as follows:

1. Thought respondents’ first choice for help was a family doctor not family/friends as indicated at the bottom of p2?

2. Although it states that ‘perinatal mental health literacy is the most prominent determinant of screening and treatment acceptability’ on p3, adjusted odds ratios etc are not presented.

3. Although it is good that the validation of the Canadian adaptation was discussed and that all questions were pre-tested, perhaps mention any validation of the original Australian questionnaire at the bottom of p6.

4. Even though probably not necessary to reference the table numbers in the analysis section at the bottom of p7, the table numbers appear to be incorrect in a couple of places which is confusing for the reader.

5. The statistical methods require much more explanation i.e. what all the outcome variables are and how they were created from the original variables, what method of regression was used, the rationale for why unadjusted odds ratios are presented in some places but adjusted odds ratios elsewhere etc.

6. What does it mean by ‘29 interviews were incomplete’ at the top of p8 as the tables also indicate missing data?

7. Provide a justification for the definition of childbearing age as it is not very inclusive.

8. The figures half-way down p8 are slightly inconsistent with those presented in table 1 i.e. 74.4% and 74.8%, 81.8% and 81.7%, 84.8% and 84.7%.

9. Add ‘more than two-thirds of respondents’ at the end of the sample section on p8 and how is prenatal mental health defined/measured? This is a rather crucial
concept for the paper that should perhaps be explained.

10. Need to make it clear when unadjusted/adjusted associations are being described e.g. towards the bottom of p8.

11. Need to make the reference/comparison category clear at the bottom of p8 and at the top of p9.

12. The finding was also true prenatally at the very top of p9?

13. Make it clear whether referring to the first choice of help if they had experienced depression themselves or if it was more of a hypothetical question, whether they were only allowed one response, and that obstetrician/midwife were combined whereas the other categories accounted for <5% separately rather than together (half-way down p9).

14. Check the interpretation of ‘only Caucasian respondents indicated their first source of help would be a healthcare provider’ on p9.

15. In the second section of p9, need to make it clear that the associations are unadjusted and there were also other variables that were significant?

16. Need to make it clear that the findings in relation to Table 4 are adjusted in contrast to the other tables.

17. Add ‘nearly 2 to 5 times as likely’ at the top of p10.

18. Need to indicate the reference/comparator group on p10.

19. The confidence interval for age in the medication model does not include one towards the end of the results on p10.

20. Check the interpretation of ‘medication was less preferred by women of childbearing years, but endorsed as a treatment option by those with high perinatal knowledge and with personal experience’ at the end of the results since sex was non-significant?

21. Thought the first choice was a healthcare provider (i.e. family doctor) in the first paragraph of the discussion on p10?

22. Internet/web-based self-help is the least favoured treatment preference towards the bottom of p10?

23. Typo at the end of the first paragraph of the discussion on p10?

24. Cannot really say ‘our findings endorse the need for low-resource, innovative approaches...’ on p11 as paper does not address cost issues.

25. Check the interpretation of ‘female respondents and respondents in childbearing years were more likely to identify family and friends as their first choice for help, rather than a healthcare professional’ on p12.

26. Typo of 38% instead of 39% half-way down p12.

27. Need to include midwife with obstetrician just over half-way down p12.

28. Typo of 17% instead of 18% in the second paragraph on p13.

29. The definition of perinatal mental health at the bottom of p13 is needed much earlier.
30. Although postnatal knowledge had the highest odds ratio, it was unadjusted (top of p15).
31. Limitations should perhaps include the sampling frame of those with telephones only, the possibility of capturing those not working, language issues, as well as the Hawthorne effect.
32. The tables need to stand alone with more informative titles including details of the sample (e.g. who, what, when, where).
33. Similarly some items need explaining in the footnotes e.g. planned, definition of childbearing age, what rural/other means, knowledge of pre/postnatal mental health, if personal experience means that they know someone, what first choice for help means, how the percentages were calculated and why the n is inconsistent not adding up to 1207.
34. Include units (e.g. years and income per year).
35. The ordering of some of the variables could be better e.g. the first choice of help in Table 1 could be in order of percentage or grouped by family/friends and then medical, and other etc.
36. Indicate the analysis type somehow e.g. adjusted odds ratios were obtained using logistic regression but what method was used in Table 3?
37. Check whether a star is needed for the employed in the accurate knowledge model and healthcare provider models in Table 2.
38. Similarly, check whether stars are required for born in Canada for the healthcare provider model in Table 2 and for Caucasian in the prenatal screening model.
39. To avoid confusion, would strongly advise against the use of stars in the notation for other things as indicates significance levels.
40. Be consistent in how code/refer to variables by table e.g. ‘divorced’ is not always included with ‘single’ and nor is ‘other’ with ‘rural’ and ‘no’ knowledge is inconsistently used with ‘low’ knowledge.
41. Similarly, present all categories in Table 2 but not in the others so be consistent.
42. Indicate the significance level as differs i.e. 10% in Tables 2 and 3 but perhaps 5% in Table 4?

If the comments about table presentation are unclear, please see Chapter 2: Diamond, I. and Jefferies, J. (2006). Beginning Statistics. An Introduction for Social Scientists. London: Sage Publications. Hope the co-authors find these comments useful and that their incorporation brings clarity for the reader and strengthens the paper for publication.

Discretionary Revisions
1. Perhaps make it clear that referring to respondents strongly agreeing/agreeing towards the bottom of p2 and two-thirds of the way down p8.
2. The sub-headings in the results section need to be of a different style to
indicate that they are within the results section rather than separate sections i.e. with italics as within the methods section for consistency.

3. The survey methodology may be better placed in the methods rather than in the results i.e. that equal numbers of male/females were invited and two-thirds in urban areas etc.

4. Wonder whether there's a statistically significant difference for the finding towards the bottom of p8 i.e. between those childbearing women/not?

5. Most of the paper is written in third person narrative apart from the discussion which includes ‘our’, ‘we’.

6. Add ‘of younger age’ at the top of p15.

7. Might be nice to see the non-significant findings in Table 4 but indicate significance levels?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests